

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9915</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Edward</u> <u>L</u> <u>Barrier Sr</u> P O Box Bldg Room No if any <u></u> Street <u>24286 Greenbrier Lane</u> City <u>South Bend</u> State <u>Indiana</u> ZIP Code + 4 <u>46614</u>	4 Name file number and address of labor organization Name <u>Laborers Int'l Union of North America, Local #645</u> Labor Organization File Number <u>011095</u> P O Box Building and Room Number if any <u></u> Street <u>2015 W Western Ave , Ste 140</u> City <u>South Bend, IN</u> State <u>Indiana</u> ZIP Code + 4 <u>46629</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>NONE</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest Transaction or Income <u></u> 7 b Amount <u></u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Edward L Barrier Sr</u>	On <u></u> Date	<u></u> Telephone Number

Name of Person Filing	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text" value="NONE"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9</b> Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 80%;" type="text" value="NONE"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11 a</b> Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>11 b</b> Approximate dollar value of such dealing <input style="width: 100px;" type="text"/></p> <p><b>12 a</b> Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12 b</b> Amount <input style="width: 100px;" type="text"/></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text" value="NONE"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a</b> Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment <input style="width: 100px;" type="text"/></p>

PHONE 574 287 2967  
FAX 574 287 2968



# LABORERS INTERNATIONAL UNION OF NORTH AMERICA

LOCAL NO 645  
SUITE 140  
2015 WEST WESTERN AVENUE  
SOUTH BEND INDIANA 46629



EDWARD L BARRIER  
PRESIDENT

GLENN L WILLIAMS  
BUSINESS MANAGER  
SECRETARY AND TREASURER

August 12, 2005

U S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Ave , NW, Rm N-5616  
Washington D C 20210

Re Form LM-30 Filing For Edward L Barrier Sr Fiscal year 2004

Dear Sir or Madam

Enclosed is my LM-30 for the 2004 period In filing the report, I have reviewed all of my available 2004 records as well as my recollection and have no specific recollection of receiving any benefits reportable under the Labor-Management Reporting and Disclosure Act I have known for quite some time that this report will be coming due in 2005 and therefore made a point to not accept any lawfully reportable benefits from anyone

As you know, it was not until March of 2005 that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort Further the Department since that time has continued to issue and revise its compliance advises, including guidance regarding related benefit funds My understanding is that the Department s guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection In accordance with your guidance, it is my understanding that, in that circumstance I am not required to take any further action

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department The enclosed material represents my best recollection of all lawfully reported benefits that I received

Sincerely yours,

Edward L Barrier Sr  
Local 645